



CONNECTICUT PA FOUNDATION SCHOLARSHIP 2024

REQUIREMENTS:

- Applicant must be a resident of the State of Connecticut attending any accredited PA Program, or a student attending an accredited PA program located in Connecticut.
- Applicant must be a student member of the Connecticut Academy of Physician Associates.
- Applicant must be enrolled and currently attending a program accredited by the Accreditation Review Commission (ARC-PA). The PA Program Director must sign the application indicating that the student is currently enrolled and is in good academic standing in the program.

The following must be provided IN ADDITION to the application:

- Curriculum vitae
- List of community activities (p. 4 below)
- Narrative (p. 5 below)
- Proof of ConnAPA membership (p. 6 below)

All application materials must be submitted by e-mail as a single PDF attachment to ctpafscholarship@gmail.com. Applications that are received as multiple attachments will not be considered for awards.

Applications received after the published deadline of midnight on Sunday, January 28th, 2024, for any reason, will not be considered.

APPLICANT CRITERIA:

Students may apply for a Connecticut PA Foundation scholarship only while enrolled and currently attending a Physician Assistant program. Recipients may receive a CT PA Foundation scholarship only once.

The following information will be taken into consideration in reviewing applications: community service accomplishments, the typed narrative, and the overall professional quality of the returned application. Additional consideration will be made for outstanding community involvement, leadership/advocacy efforts, dedication to teaching and learning, and military service.

Questions about the application process and completed applications should be emailed to ctpafscholarship@gmail.com. You will receive an email confirming receipt of your application within approximately one week of submission.

APPLICATION DEADLINE: Midnight on Sunday, January 28th, 2024

It is the responsibility of the applicant to submit a complete application **in one PDF by the posted deadline**. If time allows applicants with incomplete applications received prior to the deadline will be notified and permitted to re-submit their application. However, all ensuing correspondence must be received by the posted deadline.

Scholarships will be reviewed in February 2024, and all applicants will be notified of the decision regarding their application in early March 2024. Scholarship award winners are encouraged to attend the awards ceremony, which will be held during the 2024 ConnAPA Charter Oak Conference, which is scheduled for March 24 – 27, 2025, the specific date of the awards ceremony TBA. Program Directors will be notified of student awards.

APPLICATION BEGINS ON THE NEXT PAGE

2024 CT PA FOUNDATION SCHOLARSHIP APPLICATION

First name

Last Name

Address (Current)

City

State

Zip

Home Address (if not currently living in CT)

City

State

Zip

Email address

I hereby certify that the information in this application is complete and accurate. The Connecticut PA Foundation reserves the right to request verification of any and all information provided. Any requested material must be provided within a specified time frame identified at the time the request is made. I also understand should I win a scholarship through this application I must notify my financial aid office of the funds received.

This application is not valid unless signed by the applicant.

Signature of Applicant

Date

I hereby certify that the above applicant is currently attending an accredited PA Program as stated in this application and is in good academic standing in the program.

PA Program Director

Date

Physician Assistant Program

COMMUNITY INVOLVEMENT:

Please list any volunteer activities or community service projects in which you have participated within the last five years. Please include dates of service and frequency/hours of service provided (i.e. 2 hours twice a month) and **total hours**. Please also include a brief description of your role in that activity. *This information must be typed.*

NARRATIVE

In up to two pages, create a narrative on the following topic. The narrative should be in essay format and will be evaluated on content, writing style, and creativity.

Tell us about an experience in the clinical realm that made an impact on you and how it will inform your approach to the practice of medicine going forward?

This portion must be typed, double-spaced, and no longer than two pages.

SCHOLARSHIP APPLICATION CHECKLIST (keep for your records)

- ☐ Completed application form/applicant signature
- ☐ Signature of PA Program Director
- ☐ Curriculum Vitae
- ☐ List of Community Involvement with brief description
- ☐ Narrative Essay
- ☐ Proof of student membership in ConnAPA
 - To download your ConnAPA proof of membership:
 - 1) Go to “Renew Membership” from ConnAPA’s home page
 - 2) Log in to Membership section
 - 3) Select “Purchases” in your personal profile section
 - 4) Click on “Membership” to download certificate or ID card
- ☐ Submit all documents **in one PDF** to ctpafscholarship@gmail.com by midnight on Sunday 1/28/24.